

Temperature Recording Form

Supported Persons Name _____

Required temperature range _____

Other requirements _____

Date of last self calibration against main calibration meter? _____

Date the thermometer is due for calibration (minimum every 12 months) _____

Make / Model of Thermometer used _____

Always follow individual Working Policy.

Date	Time held at heat source?	Bath/ Shower?	Temperature Celsius/ Fahrenheit?	Recording method	Name of person taking reading	Signature of person taking reading

Date	Time held at heat source?	Bath/ Shower?	Temperature Celsius/ Fahrenheit?	Recording method	Name of person taking reading	Signature of person taking reading